

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	4/1/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	71555	4-6-99
FORMALITY REVIEW	<i>[Signature]</i>		4-20-99

INDEX OF CLAIMS

✓ ----- Rejected N ----- Non-elected
• ----- Allowed I ----- Interference
- (Through numeral)... Canceled A ----- Appeal
+ ----- Restricted O ----- Objected

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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